

Department of Homeland Security
U.S. Citizenship and Immigration Services

I-918 Supplement B, U Nonimmigrant Status Certification

START HERE - Please type or print in black ink.

Part 1. Victim information.

Family Name	Given Name	Middle Name
Villegas de la Paz	Juana	
Other Names Used (Include maiden name/nickname)		
Juana VILLEGAS		
Date of Birth (mm/dd/yyyy)	Gender	
	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	

Part 2. Agency information.

Name of Certifying Agency		
United States District Court for the Middle District of Tennessee		
Name of Certifying Official	Title and Division/Office of Certifying Official	
William J. Haynes	Chief United States District Judge	
Name of Head of Certifying Agency		
Chief Judge William J. Haynes		
Agency Address - Street Number and Name		Suite #
801 Broadway		A845
City	State/Province	Zip/Postal Code
Nashville	Tennessee	37203
Daytime Phone # (with area code and/or extension)		Fax # (with area code)
(615) 736 7217		none
Agency Type		
<input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local		
Case Status		
<input type="checkbox"/> On-going <input type="checkbox"/> Completed <input checked="" type="checkbox"/> Other: Pending		
Certifying Agency Category		
<input checked="" type="checkbox"/> Judge <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Prosecutor <input type="checkbox"/> Other:		
Case Number	FBI # or SID # (if applicable)	
3:09-cv-219	n/a	

For USCIS Use Only.

Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Reloc Rec'd	
Date	
Date	

Remarks

Part 3. Criminal acts.

1. The applicant is a victim of criminal activity involving or similar to violations of one of the following Federal, State or local criminal offenses. (Check all that apply.)

<input type="checkbox"/> Abduction	<input type="checkbox"/> Female Genital Mutilation	<input type="checkbox"/> Obstruction of Justice	<input type="checkbox"/> Slave Trade
<input type="checkbox"/> Abusive Sexual Contact	<input type="checkbox"/> Hostage	<input type="checkbox"/> Peonage	<input type="checkbox"/> Torture
<input type="checkbox"/> Blackmail	<input type="checkbox"/> Incest	<input type="checkbox"/> Perjury	<input type="checkbox"/> Trafficking
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Involuntary Servitude	<input type="checkbox"/> Prostitution	<input type="checkbox"/> Unlawful Criminal Restraint
<input type="checkbox"/> Extortion	<input type="checkbox"/> Kidnapping	<input type="checkbox"/> Rape	<input type="checkbox"/> Witness Tampering
<input type="checkbox"/> False Imprisonment	<input type="checkbox"/> Manslaughter	<input type="checkbox"/> Sexual Assault	<input checked="" type="checkbox"/> Related Crime(s)
<input type="checkbox"/> Felonious Assault	<input type="checkbox"/> Murder	<input type="checkbox"/> Sexual Exploitation	<input checked="" type="checkbox"/> Other: (If more space needed, attach separate sheet of paper.)
<input type="checkbox"/> Attempt to commit any of the named crimes	<input type="checkbox"/> Conspiracy to commit any of the named crimes	<input type="checkbox"/> Solicitation to commit any of the named crimes	18 USC 241, 242



Part 3. Criminal acts: (Continued)

2. Provide the date(s) on which the criminal activity occurred.

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

07/05/2008 - 07/10/08

3. List the statutory citation(s) for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.

18 USC 241, 242. See Attachments A - C.

4. Did the criminal activity occur in the United States, including Indian country and military installations, or the territories or possessions of the United States? ☒ Yes ☐ No

- a. Did the criminal activity violate a Federal extraterritorial jurisdiction statute? ☐ Yes ☒ No

- b. If "Yes," provide the statutory citation providing the authority for extraterritorial jurisdiction.

- c. Where did the criminal activity occur?

Nashville, Davidson County, Tennessee, USA

5. Briefly describe the criminal activity being investigated and/or prosecuted and the involvement of the individual named in Part 1. Attach copies of all relevant reports and findings.

18 USC 242 - Deliberate indifference to deprivation of constitutional rights under law by (a) shackling during the final stages of active labor and post-partum recovery; and (b) denial of a breast pump. 18 USC 241 - Conspiracy to commit same based on DCSO policy. See Attachment A, Memorandum Opinion, Docket Entry 244 at 8-10. See also Attachment B, Order of Court, Docket Entry 245; and Attachment C, Memorandum Opinion, Docket Entry 119-1 at 34-35.

6. Provide a description of any known or documented injury to the victim. Attach copies of all relevant reports and findings.

See Attachment D, Declaration of Dr. Jill DeBona, Docket Entry 94-3; Attachment E, Declaration of Dr. Sandra Torrente, Docket Entry 94-4; and Attachment F, Jury Verdict Form, Docket Entry 192.

Part 4. Helpfulness of the victim.

The victim (or parent, guardian or next friend, if the victim is under the age of 16, incompetent or incapacitated.):

1. Possesses information concerning the criminal activity listed in Part 3. ☒ Yes ☐ No
2. Has been, is being or is likely to be helpful in the investigation and/or prosecution of the criminal activity detailed above. (Attach an explanation briefly detailing the assistance the victim has provided.) ☒ Yes ☐ No
3. Has not been requested to provide further assistance in the investigation and/or prosecution. (Example: prosecution is barred by the statute of limitation.) (Attach an explanation.) ☐ Yes ☒ No
4. Has unreasonably refused to provide assistance in a criminal investigation and/or prosecution of the crime detailed above. (Attach an explanation.) ☐ Yes ☒ No

Part 4. Helpfulness of the victim. (Continued.)

5. Other, please specify.

Part 5. Family members implicated in criminal activity.

1. Are any of the victim's family members believed to have been involved in the criminal activity of which he or she is a victim? ☐ Yes ☒ No

2. If "Yes," list relative(s) and criminal involvement. (Attach extra reports or extra sheet(s) of paper if necessary.)

Full Name	Relationship	Involvement

Part 6. Certification

I am the head of the agency listed in Part 2 or I am the person in the agency who has been specifically designated by the head of the agency to issue U nonimmigrant status certification on behalf of the agency. Based upon investigation of the facts, I certify, under penalty of perjury, that the individual noted in Part 1 is or has been a victim of one or more of the crimes listed in Part 3. I certify that the above information is true and correct to the best of my knowledge, and that I have made, and will make no promises regarding the above victim's ability to obtain a visa from the U.S. Citizenship and Immigration Services, based upon this certification. I further certify that if the victim unreasonably refuses to assist in the investigation or prosecution of the qualifying criminal activity of which he/she is a victim, I will notify USCIS.

Signature of Certifying Official Identified in Part 2.

Date (mm/dd/yyyy)

William Johnson Jr. USDT

11-2-12